

MDR Tracking Number: M5-05-0779-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 06-22-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity and will not be refunded for the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The IRO has determined that the ancillary services consisting of 1 set of exam gloves, 1 roll of transpore tape, 1 strip of temp strips, 1 set of electrodes, the remaining supplies, sterile supply, laboratory, radiology, CT scan, and pharmacy services rendered on 7/3/03 **were** medically necessary. The ancillary services consisting of the recovery room, exam gloves (except 1 pair), transpore tape (except 1 roll), temp strips (except 1 strip), electrodes (except 1 set), anesthesia, anesthesia equipment, and pulmonary functions rendered on 7/3/03 **were not** found to be medically necessary. The IRO also notes that the C-arm table and lead aprons were medically necessary but should not be listed as a separate charge, however, the respondent only raised the issue of medical necessity, not unbundling. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

The lumbar discogram with CT scan (lumbar spine) performed on 7/3/03 was preauthorized by the respondent on 6/30/03. Review of the file reveals that both the surgery and the ancillary services were denied by the carrier with "V", not medically necessary per peer review." No payment was issued by the carrier for neither the preauthorized services, nor for the ancillary services. Rule 133.301 (a) states "the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatments (s) and/or service (s) for which the health care provider has obtained preauthorization under Chapter 134 of this title." The IRO has rendered a decision on the ancillary services. The requestor submitted a copy of the preauthorization letter with the dispute. This administrative violation will be referred to the Commission's Compliance and Practice Division. Therefore, reimbursement is recommended in the amount of \$5265 in accordance with Rule 134.600 (b)(1)(B).

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003 plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 7/3/03 as outlined above in this dispute.

This Decision and Order is hereby issued this 28th day of February 2005.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

Enclosure: IRO Decision

NOTICE OF INDEPENDENT REVIEW DECISION

February 24, 2005

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-05-0779-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a TMF physician reviewer who is board certified in Anesthesiology which is the same specialty as the treating physician, provides health care to injured workers, and licensed by the Texas State Board of Medical Examiners in 1989. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 56 year-old male injured his back on _____. MRI shows the lumbar spine has evidence of HNP to the lumbar spine at L3-S1. He has been treated with surgery, therapy and medications.

Requested Service(s)

All ancillary services to exclude the primary surgical procedure code listed on the preauthorization letter. (Lumbar discogram with computed tomographic scan L2-S1)

Decision

It is determined that there is no medical necessity for the recovery room, exam gloves (except 1 pair), transpore tape (except 1 roll), temp strips (except 1 strip), electrodes (except 1 set), anesthesia, anesthesia equipment and pulmonary functions to treat this patient's medical condition.

The C-arm table and lead aprons were medically necessary; however, they should not be listed as a separate charge and they should be included in the cost of the surgery. All other items listed on the final bill were medically necessary to treat this patient's medical condition.

Rationale/Basis for Decision

Medical record documentation indicates the ancillary services associated with this procedure are excessive. Items such as the C-arm table and lead aprons should be included in the cost of the surgery and not listed as separate charges. Many items such as the exam gloves, transpore tape, temp strips and electrodes were medically necessary; however, no more than one of each was medically necessary. Additionally, lumbar discogram is a procedure that is done under light sedation. There is no need for anesthesia, anesthesia equipment or the pulmonary functions to treat this patient's medical condition. Therefore, the recovery room, exam gloves (except 1 pair), transpore tape (except 1 roll), temp strips (except 1 strip), electrodes (except 1 set), anesthesia, anesthesia equipment and pulmonary functions were not medically necessary to treat this patient's medical condition. The C-arm table and lead aprons were medically necessary; however, they should be included in the cost of the procedure and not listed as a separate charge. All other items listed on the final bill were medically necessary to treat this patient's medical condition.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive, stylized script.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M5-05-0779-01

Information Submitted by Requestor:

- Authorization Letter for Surgery
- Procedure Notes
- Progress Notes

Information Submitted by Respondent: